

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000028222

1. Entity Name
VACATION RENTAL MANAGEMENT OF FLORIDA
INCORPORATED



Principal Place of Business
9400 SPENCER LAKE ROAD
SPENCER, OH 44275 US

Mailing Address
9400 SPENCER LAKE ROAD
SPENCER, OH 44275 US

2. Principal Place of Business - No P.O. Box #

16436 Magnolia Bluff Dr.
Suite, Apt. #, etc.

3. Mailing Address

16436 Magnolia Bluff Dr.
Suite, Apt. #, etc.

City & State

montverde FL

City & State

montverde FL

Zip

34756

Country

US

Zip

34756

Country

08062008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-2408486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLOCK, ROBERT J
12342 S E 60TH AVENUE
BELLEVIEW, FL 34420

7. Name and Address of New Registered Agent

Name

Kerry Eldridge

Street Address (P.O. Box Number is Not Acceptable)

16436 Magnolia Bluff Dr.

City

montverde

FL

Zip Code

34756

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/7/08

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME
P REUSCH, SANDRA J ☒ Delete
STREET ADDRESS
9400 SPENCER LAKE ROAD
CITY-ST-ZIP
SPENCER, OH 44275

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres President ☒ Change ☐ Addition
NAME
Kerry Eldridge
STREET ADDRESS
16436 Magnolia Bluff Dr.
CITY-ST-ZIP
montverde FL 34756

TITLE VP Vice President ☐ Change ☒ Addition
NAME
John Eldridge
STREET ADDRESS
16436 Magnolia Bluff Dr.
CITY-ST-ZIP
montverde FL 34756

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800134457568
08/14/08--01007--015 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/08

Date

407-469-3112

Daytime Phone #

KS